

**VSH Futures
Peer Support Program Development Workgroup**

**March 8th, 2007
Minutes**

Next meeting: **April 12th, 2007 10:00 to 12:30**
 Location: Vermont Technical College, Old Dorm Lounge,
 Randolph, Vermont

Present: Steven Morgan
 Jean New
 Ed Paquin
 Marty Roberts
 Keith Martell
 Kitty Gallagher
 Katelin Hoffman
 Zachary Hughes
 Tina Machno
 Cindy Rumery
 Running Deer

Chair: Linda Corey

Staff: Nick Nichols, VDH

➤ Introductions

Ed gave a short description of Vermont Protection and Advocacy (VP&A). VP&A believes in self-determination and will help individuals complete an Advanced Directive, which is somewhat like a legal Wellness Recovery Action Plan. Ed also mentioned that the state has recently put together an electronic registry of advanced directives. If your organization has an interest in learning more about advance directives, VP&A can come and give present on the subject. Contact Ed at 229-1395 or 1-800-834-7890.

➤ Updates/News

A lot of conferences are coming up. Linda had been posting information on VPS newsletter.

Lenore Kimball from Stepping Stones will be coming to our next meeting to talk about different peer services. We may want to use her in an ongoing basis to help with the development of peer services.

Jean – LCMH will be working with VSH in the implementation of social skills training. Jean is being trained to provide training. LCMH is focusing more on using peer services and setting up groups more as college courses to get people out of the building. There is also strong interest in setting up warm line in the area. Jean is already doing informal peer support by phone. Staff are starting to warm up to the idea that it can be helpful.

Keith-He is starting to make more peer-to-peer connections to provide support. at Northwest Counseling and Support Services.

Running Deer and Cindy Rumery talked about the work they are doing to develop peer support in Randolph. Currently there is a room in the Clara Martin Center (CMC) that is designated for peer support. One of their first step was making room “off limits” for other uses (appointments, storage space). They have renamed the space “the Living Room” (AKA Recovery Room) based on the results of a consumer survey. They have had three meeting to discuss the future of room, and they feel that more consumers are starting to have ownership of the room. They don’t want the space to just be a hang out space. They are in the process of planning how space will be used and are hoping to have evening activities (movies, yoga, etc.). As part of their planning, they will be talking with peers from the Black River Peer Recovery Center to learn from their experience. The CRT Director at CMC really wants the peers to dictate what the space will be used for. Based on surveys sent out, it’s clear people are lonely and bored on weekends and need something to do; they want a room to go to meet other people and get information on different resources. Running Deer and Cindy are looking for a grant through the CMC to fill shelves with recovery information and other educational resources. The space is located very close to Safe Haven, which seems to help peers who have stayed at Safe Haven become connected to the space. As people leave Safe Haven they tend to stay in the community and often look to “give back” by supporting others. Many of the individuals who go to Safe Haven are coming from the Vermont State Hospital (VSH). The CMC Employment Program is also located next door to the space, and the employment coordinator has allowed users of the space to also use the nearby employment resources.

The group discussed the importance of staff at an agency being supportive of developing peer support. The group also noted that when you are starting to work on developing peer support, one of the first steps you must do is to invite peers to come together as a group to plan.

Linda mentioned that there are several budding peer projects that may be ready soon to apply for the current state funding for peer projects. VPS can help peer programs develop an application, and, once they are funded, VPS can help the program with managing their plan and meeting the state reporting requirements. This funding, which has been made available by the Division of Mental Health since 2005, should not to be confused with the \$200,000 that will be available in July 2007 to fund new peer services to reduce the need for the State Hospital. For more information on how to apply for this funding, contact Linda Corey at Vermont Psychiatric Survivors.

Kitty presented some ideas she has for Rutland. She would like to see a warm line that is available in the evening and weekends. Kitty has talked to consumers, ex-consumers, and former clubhouse members to develop a clear idea of what is needed. She would also like to see a Recovery/Drop In Center. This center would be staffed by three consumers, and all staff would be required to go through a set training program. She has heard that warm line staff in NY are required to participate in 72 hours of training before being allowed to operate the warm line.. Kitty would work with peers operating the warm line. It would be open 3 hours a night. She would also like to use warm line members to form a board of directors to plan the creation of clubhouse in the area. Kitty will be applying to DMH for funding. Marty pointed out there is already some good training that other Vermont warm-lines use that Kitty could tap into.

Steve is starting webpage for Black River Peer Recovery Center. It will include links to 1) job and volunteer opportunities, 2) educational information relating to mental health, 3) recovery resources, and 4) information on the Peer Center.

Ed suggested that of the new money for peer services should go directly to peer groups to hire professional support if needed. Linda pointed out that several of the existing peer programs either hire professionals or receive in-kind support from professionals. Kitty added that her warm line would probably hire the local mental health crisis team to provide training. Peer programs could also hire peer consultants to assist the program in becoming more peer-run. Linda commented that we may want to use Lenore Kimball in this role.

Katelin commented that she would like to see something like the NH Stepping Stone program in Burlington. Most people she knows don't like to use the current professional crisis services in the Burlington area. The program could have supports like WRAP and a warm line available. She would also like to see a peer run step down program to help people re-integrate into the community, including their apartment. Ed thinks that the Stepping Stones program would probably love to help with this. Charlie Crocker is someone who would also be a good resource to assist with this.

Jean would like to see statewide training on how to be peer supporters.

Draft Recommendations

Nick presented a summary of the different recommendations that have be discussed by the group to date:

- Establish a statewide pool of consumers who could do home visits for people who were in need of extra support to get through a tough time
- Develop peer supports for people who are in trouble with the law
- Educate professionals on the usefulness and value of peer support.
- Use peers as trainers
- Provide training that puts professionals and peers together

- Using successful peer programs to teach/persuade professionals on value of peer support
- When developing peer support, it is important to build trust with agencies so they don't feel like they are being pushed too hard
- Governance structure is very important. New peer programs should be linked with organizations that have background/experience in peer-run boards
- Provide training and mentoring and other opportunities for peers to develop leadership and support skills.
- Peer programming needs to have peers that 1) are well trained, 2) have good support skills, 3) understand their role and when they need to refer someone somewhere else.
- Vermont should expand the role of peer in existing programs (crisis beds, hospitals)
- We should develop suggestions for other funding for peer programs
- Develop peer warm lines in every county and expand existing warm lines (need for more peers to operate warm line? Need for more \$)
- Expansion of Community Links program
- Use peers at the hospital to tell recovery stories, inspire hope, assist people in finding a place to live and getting connected with the community and other peers in the area
- Combating loneliness is an important part of peer support
- Create more community and consumer connections for people living on their own
- Develop peer support/community connection specialists in each group home
- Some existing programming is not recovery oriented
- Need for more peer support training to engage with and develop peers as supporters
- Develop peer crisis specialist who are trained to act as an advocate and translator when someone enters a program in crisis (e.g. emergency room, crisis services)
- Training for peers who are working within the system on helping people connect with community.
- Training for everyone that recovery is possible. Someone with a mental illness can go from being in a place where they need a lot of professional support to being able to provide peer support for others. In some cases staff and the community judges a person based on when that person was at their worst.
- Anti-stigma training
- Perform an analysis of ways in which an agency's viewpoint/approach gets in the way of peers providing support and teaching recovery.
- Develop support for people leaving the hospital to go to community activities
- Training for hospital staff on how to be more welcoming of peer supporters
- Develop peer crisis respite programs like Stepping Stone
- Training for agencies that are not supportive of peer services due to concerns about liability
- Regular Training for staff on how to be more supportive of peer support (high turnover is a problem)
- A formal process for recruiting and developing more peer leaders and champions.

- Using pets as supporters
- Using peers to teach recovery and self-management techniques

For the next meeting, Nick and Linda will try to break these ideas into core themes. For example:

1. Changing Existing Programs
 - Vermont State Hospital
 - Group Homes
 - Emergency Screeners
 - Crisis Beds
 - Addition of peer component
 - Training/change of philosophy
2. Creation of new Programs
 - Warm lines
 - Community Links/Peer Bridger
 - Peer Support Team for individuals who are having problems in the community
 - Peer run residential program (Safe Haven, Stepping Stone)
3. Programs that would prevent hospitalization vs. programs for people coming out of the hospital

Other Announcements

There will be an Open House for the new Second Spring program on March 31st. This program is in the process of hiring peers to serve as support staff at the program. Contact Roy Riddle at 229-0591 if you are interested in applying.

Steve noted that there is a great website that lists hundreds of free resources related to mental health. Go to www.nimh.nih.gov

Planning for Next Meeting

Lenore Kimball will come from 10-11 for next meeting

Nick and Linda will compose a draft for people to review prior to the next meeting. We will try to prioritize our recommendations if it makes sense.

Next meeting: April 12th at Old Dorm Lounge in Randolph from 10 to 12:30.

People are invited to attend the April 30th meeting of the VSH Futures Advisory Committee: 2-4:30 at Skylight Conference Room in Waterbury. The recommendations of this group will be reviewed at this meeting.

We will plan on meeting in May 10th to review the responses to our recommendations. Location TBA.